c/Naomi Pfeffer

MARY BARTON Interview 31.7.1985

Q. Can you say why you went into infertility, when you started.

A. I can't give you an accurate....

Q. That wasn't what you intended going into when you went into medicine?

A. No... I wen out to India when I passed my exams, and then came bac at the end of the 30s, and then went into infertility. (in London in private practice)....there were very few people doing nothing but infertility work, even at that stage...I don't remember very many doing the sort of work I was doing. I don't think there were in fact ... infertility and very soon taking on AID.

Q. What sort of women came to you?

A I regret it was only women who were able to pay a decent fee...

Q. Did you work on your own?

A. My husband, Dr Barton died and I somehow became introduced to Dr Wiesner, and we worked together a long time, and then we married... He was a scientist, he was not a doctor ... his university was out in Austria... but a very, very good scientists; he was a lot of help to me... the two of together, it was very satisfactory indeed.

Q. What sort of treatments did you offer?

A. There isn't a treatment... male infertility is a difficult one, I think really. More tough and difficult to do anything

about. Many more women were treated by me than men.

Q. Did you ask them to bring their husbands along?

A. I think they sometimes came together, sometimes one or the other. I can't answer that. Its too long ago for me to remember exactly. There were no difficulties. Except infertile women take it, bear it, and ask you to do what you can. Men, of course, they feel as if they've been reduced, you know. I think they have more ideas of their own value. When they find out that they're the one who couldn't, its very difficult for them. Not with women... Many of the couples had had some sort of attention with their local doctor, or perhaps a gynaecologist. So they'd gone through that without any results...

Q. What did you do when they came?

A. Except surgery, surgery I used to send to my old boss at the Royal Free...I can't remember all that I did... tubal blockage was a very common one... Men are much more difficult; why they are infertile, I've never really answered that for myself. You ask about their family history, and you hear that he has about six brothers you can't say, this is hereditary...

Q. What did you do when you found a man was infertile?

A. I passed most of them on to my husband. If he couldn't put it right for them, then they became a couple for AID, if they wished.

Q. What would your husband offer them?

A. I can't really answer that after all these years. He'd done

an awful lot of research work in the subject and there was nothing he couldn't do available. I think he was the best person who knew most in London, he'd been doing research in that area for a long time. He took the men on and I took on the wives. ... Basically my husband did most of the work with men.

Q. Did you then suggest AID?

A. I remember one evening, we were sitting over dinner, and I said, look, we must do something about this because adoption doesn't always work, and it's never quite the same, is it. And we talked about it, and I suggested, or he suggested to me, I can't remember. But it was then that we decided that there is a way out. It's going to be a tricky number because the donors, you've got an awful job to be quite sure where you are with the donors. From then on we made arrangements, collected really suitable people...whom we knew enough to know about their attitude, or mentalities, or whatever. I must say they were very good about it, our donors. We didn't pay much in those days...

Q. Were you the first to offer AID in this country?

A. I don't know... I would think, quite likely.

Q. Were you aware that it was going on in America?

A. I think I probably knew, but it didn't particularly concern me. I wasn't really worried in the least. When it became known, it was really rather amusing because, the first thing I had, I don't know why it was always me and not my husband, I think it was

because I was a doctor and he was not. I was hauled up by a group of bishops, and they questioned me...and to my amazement, they came to the conclusion that they agreed it should proceed. And then I was called up to the BMA, and the same thing happened.. Of course, they could have chucked me off the list, if they thought it immoral or quite wrong. They passed it. And finally, there was a governmental gathering...and they passed it. Then my husband and I decided that we were backed up, that we were'nt going to be torn to bits, and we never were.

Q.Why do you think you were the first?

A. We sat over dinner and said, we must have an answer to this; because adoption is not the same thing. And if we can manage to solve this problem, in a better way, let's do it. And then we worked it out and decided what we would do.

Q. Had some of your pateints said they were unhappy with adoption?

A. Well, people who are happy with adoption don't come and see me.

Q. Do you think there was anything different about the men and women who would accept AID?

A. No, every variety of person, I've treated. Some funny little girls and some very important people.

Q. Did you have any criteria for AID?

A. They'd have to be mentally odd, or have a chronic disease, or some other ghastly reason to not... obviously, I wouldn't have taken that on. You don't want to provide a baby to a woman with

a chronic disease, do you. They've got to trust me, and I've got to trust myself. I'm not going to take on totally unsuitable people. Just say, Oh poor thing. That's ridiculous, that's not medicine.

Q. Did you follow them up?

A. Yes, a lot of them used to come and show them to me. But there was nothing much to do unless they wanted a second baby, in which case they always asked for the same donor, which they got.

Q. Where did you recruit the donors?

A. That was our major problem. My husband knew a lot of men, working in all sorts of things. He had quite a wide number of friends...people he'd met and might be suitable. He was the person who really arranged that. As time went by, an interesting thing in men whose wives had been infertile, that we'd treated, would actually offer themselves...I think they were grateful; they knew what work I did, they realised that it wasn't an easy choice; I mean you might have an awfully nice fellow who was an idiot, well you wouldn't use him, would you? You've got to be absolutley certain that you provide something which is good and proper for your female patients.

Q. Did you try and match the donors with the husbands?

A. No you couldn't, absolutley impossible. There are no two people in this world who are similar except twins. I don't think it ever mattered. And I think probably the families around they say, James, he's awfully like your brother you know. They make it up. No pateint that I ever knew of ever gave the thing

away, not that I care a dmmn...

Q. How did you first suggest AID to the patients?

A. Well, obviously, how else would they know. We weren't writing to the newspapers. You get the couple. You go through her from top to bottom. You find nothing wrong. You ask for a sample from the husband. You find that he is the one who is at fault. Then, you have to say, look, I'm sorry, but I don't think that we shall manage it, in view of your deficiency. I can only offer you the alternative of AID. I don't ever remember anybody refusing it....There must have been a few persons who were disgust

Q. What cut off point did you use for male infertility?

A. I knew exactly where there was no hope. There were a great number of men who produced practically nothing.

Q. Would you give it as a treatment for impotence?

A. You can get it out otherwise. That's not AID.

Q. How did you prevent the patient from meeting the donor at your practice?

A. You make an appointment for 2.30 for the patient to come along; and you make absolutely certain that the sperm is delivered 2 hours before. They never, ever, ever met

Q. What did you think about the violent reaction in the 40s?

A. If I think there is something worth doing and should be done,

do it, and damn the rest. There was no question about it. I knew that the work was valuable, that it made a great deal of happiness, it was very interesting for me, it was my life, and to hell with the rest.

Q. Why do you think it showcked so many people?

A. I don't know. I was amused by the 3 meetings that I had. Most of all the first one. Because I thought that the church would try to put me down, but they did not. The BMA was very straightforward. I must say it although I shouldn't say it; they didn't think that I was the wrong personality to do it. If I'd hoohaad. I was morally determined to do it whether the bishops liked it or not. I gave them every single piece of information. I told them of the extraordinary happiness which comesfrom it. They all said, yes, you must go on, which I think was very brave. Particularly the BMA.... Well, you see my husband wasn't a doctor. There were certain things that had to be done which he couldn't do. It would have been illegal..

Q. Your husband did the tests?

A. You mean sperm counts? Yes. He was doing it for me. He had a little laboratory, with 2 or 3 girls... supposing a man had peculiar testicles, or some psychological difficulties, you would send them to a psychiatrist for treatment because that is not in my line.

Q. What do you think about AID licences?

A. Its ridiculous. I didn't have to be licenced. I had to be a doctor to do the thing... All this fuss, surrogate mothers, we did

it. Not in enormous quantities because it was not that easy. It was extremely succesful. You had to pay. You couldn't ask a woman to go through an entire pregnancy for some other woman and not pay her.... (tape turned off)

I'm not a surgeon. And I had become deeply interested in the agony of infertility. And tried to think out what I could do. And happenned to get to know Dr Wiesner, my husband, and that is how; because I intended to do something and he of course, was a great help over many parts of it...

Q. Wasn't he optimistic that medicine might find a way of treating

A. Well, how long are you going to wait? In any case, it was medicine. We provided the medicine. So it did occur then... You can't say, well, I think I could solve that problem, but we'll wait for another 20 years because somethings sure to turn up. It's nonsense, isn't it? If you've got the clue, you use it.

Q. What did other practitioners do for infertile men?

A. I don't know if they did anything.... Some efforts were being made for male infertility...surgery, of course, always, but hormon things..

Q. Was the semen test a well-established procedure?

A. He had done a lot of work on it before I got to know him.... He wasn't interested only in the semen test. He was a scientist, an all-round scientist...You see, we joined together when I was as sad for the husbands as I would have been for the wives and he felt the same thing. It's a ghastly blow, either sex

Q. Were the women curious about the donors?

A. Never...they had to trust me, for which I am very grateful.

Q. How did you chose the donors?

A. Not easy to get. One or two husbands of infertile wives, who were treated by me with success actually offered themselves, because they knew that it was something for other people's happiness. They knew me well and they were willing to help.

Q. Did you check them out?

A. Of course, you don't just have anybody. They're gone through from top to bottom. And lengthy interviews because the physical part of it is no more important than the mental. You wouldn't take on a very very stupid man, or someone whose character you despised, would you. You don't want to land that on a nice woman. I was very careful about that.

Q. Did you chose older married men?

A. Practically all...I think they were all married men.

Q. Nowadays they use young medical students...

A. You can't tell what he is going to turn out like. They were all men, not boys. ..(medical students) are not mature, he might turn out to be most unsatisfactory character. You can't risk that. If you get a man who has worked, you know he was a very able man, he runs a shop, whatever he does, you've got him, you know exactly what he is worth....

Q. Why do you think character is important?

A. I think it matters very much indeed. If I was suspicious, that there was something odd, I would never take it on, never. You can't possibly.

Q. How many children do you think you brought into the world?

A. It was full-time work from 1943 to 1973, hard going, day in day out... I treated women for infertility, just as much if not more...we treated people who hadn't got children... there are all sorts of possibilities. There are mental attitudes that have to be dealth with...anxious people, not a madwoman. I was very careful to pick someone with a character that I could trust...

...You couldn't write about surrogacy, you'd land up in prison. We wrote papers whenever we thought it was interesting for medical people...I don't think we cared a damn for what they said We simply thought we ought to pass this all on, they ought to know what we were doing and if they didn't like it, then they didn't like it...You can only trust yourself. You can't be sure of trusting anybody else. There might be a whole lot of gyneacologists, for instance, male, trying to make a lot of money out of it. People will spoil things or not spoil things, o charge too much money. You can't do anything about it, can you. If you've got to explain your work because you think it is someth worthwhile, and you want a little kind approval, not that I reall care a damn. If they'd all said no, it's disgusting, which they did of course, to begin with, alright, then I said, it's disgusti for you, it's not disgusting for me...It was bound to expand, was it. If you write a paper, I think you should tell the medical people what you are doing. But maybe it provides something to

a man who shouldn't be doing it, or a woman, come to that. You can't help it, can you. I think as a whole, doctors are pretty honest.

Q. Why do you think the fuss died down about AID at the end of the 40s?

A. Because, they all ultimately accepted it. They said, I used to think it was rather disgusting...it calms down.

Q. What about the issue of legitimacy?

A. They were accepted as the sone and daughter of the parents. I don't think they would have taken it on themselves if they couldn't.

Q. Were there a lot of babies around for adoption?

A. There were not a lot of children around that I would have taken I think you want healthy intelligent...at least I should. I wouldn't take a child because I was terribly sorry for it, unless I was rescuing it from some frightful condition. To adopt a child which hadn't got reasonable wits and good health, I wouldn't want....If it means that you are fitted with the right choice, I think then that its worth it. You don't want to plant something wrong in the flowerbed.

Q. Why did you think of AID in the first place?

A. When you say, why I thought of it, that's very difficult. I think it was partly for me the agony of women in India who were not able to produce children, and mainly because the husband was

at fault, but of course, that was never accepted...Sometimes you get inspired, and you think and think and think and then you think, my goodness, why not try that. We all do it, don't we. Even like making rice pudding...you become interested in something, you think, I must solve this somehow, and then suddenly something comes to you...